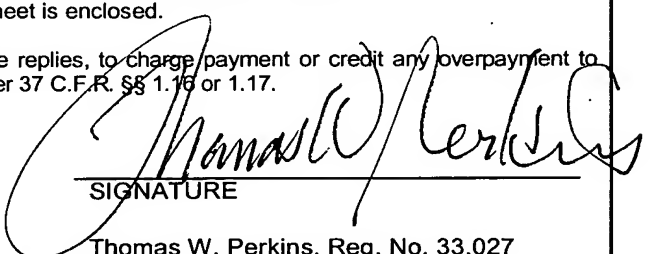


TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371		Attorney Docket No. 0518-1150
		U.S. Application No. 10/535148
INTERNATIONAL APPLN. NO. PCT/FR2003/050093	INTERNATIONAL FILING DATE October 15, 2003	PRIORITY DATE CLAIMED November 15, 2002
TITLE OF INVENTION: CLAUDE MIALHE		
APPLICANT(S) FOR DO/EO/US: OCCLUSIVE DEVICE FOR MEDICAL OR SURGICAL USE		
Applicant herewith submits to the United States Designated Elected Office (DO/EO/US) the following items and other information:		
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. 4. <input checked="" type="checkbox"/> The US has been elected (Article 31). 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2)) <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> has been communicated by the International Bureau. See attached PCT/IB/308. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)) <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) <ol style="list-style-type: none"> a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made, however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)). 9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)) 10. <input type="checkbox"/> A Declaration of Inventorship for purposes of U.S.A. designation pursuant to rule 4.17(iv).)) 11. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). <p>Items 11 to 20 below concern document(s) or information included:</p> <ol style="list-style-type: none"> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) w/PTO-1449 - <input checked="" type="checkbox"/> Copy of IDS citations. 13. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)). 14. <input checked="" type="checkbox"/> A preliminary amendment. 15. <input checked="" type="checkbox"/> An Application Data Sheet under 37 C.F.R. 1.76. 16. <input checked="" type="checkbox"/> Itemized Return Receipt Postcard 17. <input type="checkbox"/> A substitute specification. 18. <input type="checkbox"/> Power of Attorney and Statement under 37 CFR §3.73(b) <ol style="list-style-type: none"> a. <input type="checkbox"/> Newly executed Power of Attorney b. <input type="checkbox"/> A change of Power of Attorney and/or change of address letter. 19. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825. 20. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4). 21. <input type="checkbox"/> A second copy of the English language translation of the international application (35 U.S.C. 154(d)(4)). 22. <input checked="" type="checkbox"/> Other items or information: <u>International Search Report Form PCT/ISA/210, Form PCT/IB/308 and Abstract</u> 		

U.S. APPLICATION NO. 10/535148		INTERNATIONAL APPLN. NO. PCT/FR2003/050093		ATTORNEY DOCKET NO. 0518-1150	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input checked="" type="checkbox"/> The following fees are submitted: <div style="text-align: center;">PCT FEES - NATIONAL STAGE</div>				CALCULATIONS PTO USE ONLY	
<u>Fee Description</u>					
Basic National Stage Fee				\$150.00	
Non ISA/US Search Provided		National Stage Search Fee		\$200.00	
<input type="checkbox"/> US was the IPEA And all claims satisfied the provisions of PCT Article 33 (1)-(4)		National Stage Examination Fee		\$100.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20- <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (Fee Code 1617/2617)				\$0.00	
National Stage Application size fee each additional 50 sheets in excess of 100 Fee Code 1681/2681		Additional Sheets 18 - 100 = 0 = 0 X <div style="text-align: center; border-top: 1px solid black;">50</div>		Fee From Below \$125.00	\$0.00
CLAIMS		NUMBER FILED	NUMBER EXTRA	RATE	
Independent Claims Fee Codes 1614 / 2614		1 - 3 =	0	x \$100.00	\$0.00
Total Claims Fee Codes 1615 / 2615		18 - 20 =	0	x \$25.00	\$0.00
MULTIPLE DEPENDENT CLAIM(S) (if applicable) Fee Code 1616 / 2616				+ \$360.00	\$0.00
Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). Fee Code 1618				\$0.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). (Fee code 8021) \$40.00 per property				+	\$0.00
TOTAL FEES ENCLOSED				=	\$ 450.00
				Amount to be refunded:	\$
				Charged:	\$
<input checked="" type="checkbox"/> A check in the amount of \$ 450.00 to cover the above fees is attached. <input type="checkbox"/> The Director is hereby authorized to charge indicated fees and credit any overpayment to Deposit Account No. 25-0120 in the name of Young & Thompson. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 25-0120 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17.					
SEND ALL CORRESPONDENCE TO: YOUNG & THOMPSON 745 South 23 rd Street Arlington, VA 22202 Telephone: (703) 521-2297 Facsimile: (703) 685-0573			 SIGNATURE Thomas W. Perkins, Reg. No. 33,027 NAME, REGISTRATION NUMBER		
Y&T Customer No. 00466 TWP/ <u>May 16, 2005</u>			May 16, 2005 DATE		